



JOHN J. CAHILL
CLARK COUNTY PUBLIC ADMINISTRATOR
515 SHADOW LANE, LAS VEGAS, NV 89106
VOICE: 702-455-4332 • FAX: 702-455-4717 • EMAIL: pubadm@co.clark.nv.us

DECEDENT SERVICES / ESTATE REFERRAL

COMPLETE THIS FORM THOROUGHLY TO EXPEDITE THE ASSESSMENT OF THIS REFERRAL.

Health Care Facilities: Please include the CCPA Evaluation Checklist for Health Care Facilities along with this Referral.

PLEASE TYPE OR PRINT

REFERRING AGENCY

DATE: _____	ADDRESS: _____	
NAME OF PERSON MAKING REFERRAL: _____		
FACILITY / AGENCY MAKING REFERRAL: _____		
TELEPHONE NUMBER: _____	SIGNATURE: _____	

DECEDENT INFORMATION

NAME OF DECEDENT: _____		DATE OF DEATH: _____
A.K.A. _____		PLACE OF DEATH: _____
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH: _____	PLACE OF BIRTH: _____
AGE: _____		
MOTHER'S MAIDEN NAME: _____	ETHNIC ORIGIN: _____	
SOCIAL SECURITY #: _____	TELEPHONE #: _____	
MARITAL STATUS: <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED		
HOME ADDRESS: _____ (Or Last Known Address Where Mail was Received):	U.S. CITIZEN: <input type="checkbox"/> Yes <input type="checkbox"/> No	Note: If not U.S. Citizen, attach immigration papers, if available.
MILITARY SERVICE NUMBER (If applicable): # _____		

SPOUSE'S INFORMATION (Information on Decedent's Spouse, if available.)

NAME: _____	DATE OF MARRIAGE: _____		
MAIDEN NAME: _____	Address: _____		
SOCIAL SECURITY No: _____	CITY: _____		
DATE OF BIRTH: _____	STATE: _____ ZIP: _____		
PLACE OF BIRTH: _____	TELEPHONE: _____		
U.S. CITIZEN: <input type="checkbox"/> Yes <input type="checkbox"/> No	VETERAN: <input type="checkbox"/> Yes <input type="checkbox"/> No	DATE OF DEATH (If Applicable): _____	If Deceased, PLACE OF DEATH: _____

Attach additional pages as needed to include all information:

Version 3/17/08

RELATIVES, NEXT OF KIN AND SIGNIFICANT OTHERS:

Include family members and their relationship to Decedent, and emergency contacts; include addresses and telephone numbers. Attach additional sheets if necessary. Please indicate "None" if No Known Family.

NAME	RELATIONSHIP TO DECEDENT	ADDRESS	PHONE NUMBER

NOTIFICATION:

WAS SPOUSE, NEXT OF KIN OR FAMILY MEMBER NOTIFIED OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, who was notified and what is their relationship to the Decedent: Date and Time of Notification:	
WAS CORONER INVOLVED? <input type="checkbox"/> Yes <input type="checkbox"/> No			
DID DECEDENT LIVE ALONE? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF NOT, WITH WHOM DID DECEDENT LIVE?	NAME	PHONE

WILL or COURT APPOINTMENT

IS THERE A WILL? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Prepared:	Prepared By:
WHERE IS THE ORIGINAL WILL NOW?	IF FILED WITH THE COURT, WHAT DATE WAS IT FILED?	DID THE WILL NAME AN EXECUTOR / EXECUTRIX? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, WHO WAS NAMED:
If there is a Will, please ATTACH A COPY. Note: NRS 136.050 requires the Original Will be filed with the Clerk of the Court within 30 days from the date of death.		WAS THE EXECUTOR / EXECUTRIX CONTACTED? <input type="checkbox"/> Yes <input type="checkbox"/> No
HAS THE COURT APPOINTED ANYONE TO ADMINISTER THE ESTATE? <input type="checkbox"/> Yes <input type="checkbox"/> No		DID THE EXECUTOR / EXECUTRIX DECLINE TO ACT? <input type="checkbox"/> Yes <input type="checkbox"/> No
WHO WAS APPOINTED?		DATE APPOINTED:
DISTRICT COURT CASE # (If Applicable):		DEPARTMENT #:

FUNERAL / BURIAL

SERVICES (i.e. Cremation, Burial, Etc.)	FUNERAL HOME / PHONE	ADDRESS	PAID BY (Attach Copy of Receipts for Mortuary, Funeral, Cemetery)	AMOUNT	INCLUDE RECEIPT
PREPAID PLAN			Did Decedent Have A Pre-Paid Funeral Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>

Check for periodic updates of this Form on the Clark County Public Administrator's Website:

<http://www.accessclarkcounty.com/pa/pa.htm>

Attach additional pages as needed to include all information:

Version 3/17/08

ATTORNEY**DID DECEDENT HAVE A
PRIVATE ATTORNEY?**☐ Yes☐ No**If Yes, ATTORNEY
NAME:****ADDRESS AND TELEPHONE #:****WAS ATTORNEY NOTIFIED
OF DEATH?**☐ Yes ☐ No**If so, who notified the
Attorney:****Date of
Notification:****ACCOUNTANT****DID DECEDENT HAVE A
PRIVATE ACCOUNTANT?**☐ Yes☐ No**If Yes,
ACCOUNTAN
T NAME:****ADDRESS AND TELEPHONE #:****WAS ACCOUNTANT
NOTIFIED OF DEATH?**☐ Yes ☐ No**If so, who notified the
Accountant:****Date of
Notification:****INCOME SOURCES****Attach Additional Sheets as needed and Copies of Supporting Documentation.
(SOCIAL SECURITY {SSA OR SSI}, VETERANS AFFAIRS [VA], PENSION, ETC.)**

TYPE/SOURCE	AMOUNT	ACCOUNT #	ADDRESS	CONTACT / PHONE

INSURANCE**INSURANCE POLICIES****(Life Insurance, Auto Insurance, Health Insurance, Homeowner's Insurance)**

TYPE	COMPANY	POLICY #S	ADDRESS	CONTACT / PHONE

CREDITORS**Provide list of creditors for all bills that have not been paid. (Include any debts not paid during guardianship period that may need to be settled once assets are liquidated.)**

NAME OF CREDITOR	ADDRESS	ACCOUNT #	ESTIMATED AMOUNT OWED

EXPENSES / COSTS

Check for periodic updates of this Form on the Clark County Public Administrator's Website:

<http://www.accessclarkcounty.com/pa/pa.htm>

Attach additional pages as needed to include all information:

Version 3/17/08

ASSETS AND INVENTORY (Cont.)

VEHICLES (Cars, Trucks, Trailers, Travel Trailers, Boats, Motorcycles, Etc.)						
YEAR	MAKE / MODEL	LICENSE #	VIN #	LOCATION OF VEHICLE	TITLE	KEYS
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

OTHER PERSONAL PROPERTY (Household Furnishings, Jewelry, Etc.)				
QUANTITY	TYPE OF ITEM	DESCRIPTION OF ITEM	LOCATION	APPRAISAL
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

STORAGE UNIT				
NAME OF FACILITY	LOCATION (Address, City, State)	Unit #	Type of Items in Storage	KEYS
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

OTHER ASSETS

CHANGE OF ADDRESS HAS BEEN SUBMITTED

☐ UNKNOWN☐ NO☐ YES

IF CHANGE OF ADDRESS HAS BEEN SUBMITTED, ENTER ADDRESS WHERE MAIL IS DIRECTED:

Check for periodic updates of this Form on the Clark County Public Administrator's Website:

<http://www.accessclarkcounty.com/pa/pa.htm>